

# get the facts

## Irritable Bowel Syndrome and CAM: At a Glance

As many as one in five Americans have symptoms of irritable bowel syndrome (IBS). Many people with IBS turn to complementary and alternative medicine (CAM) to help relieve their symptoms. This fact sheet provides basic information on IBS and “what the science says” about CAM practices that many people with IBS use. If you are considering a CAM therapy for IBS, this information can help you talk to your health care provider about it.

### About IBS

IBS is a chronic disorder that interferes with the normal functions of the colon. IBS is characterized by symptoms such as abdominal pain, cramping, bloating, constipation, and diarrhea. IBS often starts between the ages of 20 and 30, but children can also experience symptoms. IBS is twice as common in women as it is in men and can be disabling and seriously affect a person’s quality of life physically, psychologically, socially, and economically. IBS also tends to occur with other pain disorders such as chronic fatigue syndrome, chronic pelvic pain, fibromyalgia, and temporomandibular joint dysfunction. IBS may also exist with psychiatric conditions such as anxiety and depression.

Researchers have not yet discovered a specific cause of IBS. IBS is often considered a functional disorder. For example, one theory is that the muscles and nerves in the bowel are extra sensitive in people with IBS—muscles may contract too much during or shortly after a meal, or nerves may react when the bowel stretches, causing cramping, diarrhea, or pain. A previous infection in the gastrointestinal tract or an imbalance in serotonin are also possible causes of IBS. Stress, large meals, medicines, certain foods, and alcohol may also be triggers for IBS symptoms.

There is no known cure for IBS, but there are options that can be helpful in controlling the symptoms. Treatments may include:

- Dietary changes (eating smaller meals, avoiding foods that tend to trigger IBS symptoms)
- Medicine (antispasmodics, antidepressants, diarrhea and constipation treatments, and over-the-counter medications such as fiber supplements and laxatives)

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- Stress management (including cognitive behavioral therapy, counseling and support, regular exercise, lifestyle changes, and adequate sleep).

Although IBS can be painful, it does not damage the colon or other parts of the digestive system, and it has not been shown to lead to other serious gastrointestinal diseases. Symptoms of IBS are similar to other intestinal disorders such as Crohn’s disease and ulcerative colitis; however, they are not related.

## **CAM Practices for IBS**

People with IBS can often control their symptoms by diet, medication, or stress management. However, many people find that their symptoms persist despite these treatments, or the medications they take may cause adverse effects or even worsen symptoms. Some of the CAM approaches that people with IBS try include:

- Acupuncture
- Herbal remedies
- Hypnotherapy
- Meditation
- Peppermint oil
- Probiotics
- Reflexology
- Relaxation therapies
- Yoga.

### **About Scientific Evidence on CAM Therapies**

Scientific evidence on CAM therapies includes results from laboratory research as well as clinical trials (studies in people). The results encompass both “positive” findings (evidence that a therapy may be helpful) and “negative” findings (evidence that it probably is not helpful or that it may be unsafe). Fact sheets from the National Center for Complementary and Alternative Medicine (NCCAM)—like this one—base information about CAM research primarily on review articles, known as systematic reviews and meta-analyses. Authors of high-quality reviews consider not only the results of the studies they summarize, but also the quality of the studies and the resulting data in making their conclusions.

## **What the Science Says About CAM and IBS**

IBS is challenging to study because its symptoms vary and may disappear for long periods, and because people with IBS tend to respond well to placebos.

This section summarizes research on some of the most popular CAM therapies people try to treat symptoms of IBS. Overall, although there is some emerging evidence suggesting that some CAM therapies may be helpful for IBS, there have been few large well-designed studies, and most of the studies have had methodological flaws. Systematic reviews generally conclude that more well-designed studies are needed to firmly establish whether CAM therapies are helpful treatments for IBS.

- **Hypnotherapy (hypnosis)**, which involves the power of suggestion by a trained hypnotist or hypnotherapist during a deep state of relaxation, is the most widely used mind-body intervention for IBS. Gut-directed hypnotherapy—a specialized form of hypnosis that uses hypnotic induction with progressive relaxation and other techniques, followed by imagery directed toward the gut—is also popular. According to multiple systematic reviews of the research literature, hypnotherapy may be a helpful treatment for managing IBS symptoms. Several studies of hypnotherapy for IBS have shown substantial long-term improvement of gastrointestinal symptoms as well as anxiety, depression, disability, and quality of life.
- **Herbal remedies** are commonly used for IBS symptoms. Much of the research on these remedies has been done in China. A systematic review of clinical trials for 71 herbal remedies found limited evidence suggesting that some of these herbal remedies might help improve IBS symptoms including abdominal pain, constipation, and diarrhea. However, the review emphasizes that the studies were generally of poor quality.
- **Peppermint oil** is often used to treat IBS. Results from studies are mixed, but there is some evidence that enteric-coated<sup>1</sup> peppermint oil capsules may be modestly effective in reducing several common symptoms of IBS—especially abdominal pain, bloating, and gas. Non-enteric coated forms of peppermint oil may cause or worsen heartburn symptoms.
- **Probiotics**—live microorganisms (usually bacteria) that are similar to microorganisms normally found in the human digestive tract—have been associated with an improvement in IBS symptoms compared with placebo. Studies suggest decreases in some patients’ abdominal pain, bloating, and gas. Use of *Bifidobacterium* probiotic species, which are used in certain brands of yogurt, may be useful in reducing IBS symptoms. Some studies also suggest that species of *Lactobacilli* are potentially beneficial in treating IBS symptoms.
- Experimental trials have indicated that **acupuncture** has some positive effect on quality of life in people with IBS; however, systematic reviews have concluded that there is no convincing evidence to support the use of acupuncture for the treatment of IBS symptoms.

Evidence for other CAM modalities sometimes tried in treating IBS—including **melatonin**, **meditation**, **reflexology**, **yoga**, and herbal remedies such as **artichoke**—is too limited to draw any conclusions about effectiveness.

## NCCAM Research on IBS

NCCAM-supported research on IBS has looked at the following therapies:

- Acupuncture
- Probiotics for IBS symptoms in children
- Traditional Chinese medicine
- Mindfulness meditation versus support groups
- Supportive patient-provider relations.

NCCAM-funded researchers are looking at using brain-imaging techniques to study how a placebo might relieve pain in people with IBS.

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<sup>1</sup> Enteric-coating allows the peppermint oil to pass through the stomach unaltered so it can dissolve in the intestines. Note: If coated peppermint oil capsules are taken at the same time as medicines such as antacids, this coating can break down more quickly and increase the risk of heartburn and nausea.

## If You Are Considering CAM for IBS

- Do not replace scientifically proven treatments with CAM treatments that are unproven. Do not use a CAM therapy as a reason to postpone seeing a doctor about IBS symptoms or any other medical problem.
- Talk with the health care providers you see for IBS. Tell them about the CAM therapy you are considering and ask about the therapy and its safety, use, and likely effectiveness.
- If you are considering a practitioner-provided CAM therapy such as hypnotherapy or acupuncture, ask a trusted source (such as your doctor or a nearby hospital) to recommend a practitioner. Find out about the training and experience of any CAM practitioner you are considering. To learn more, see the NCCAM fact sheet *Selecting a CAM Practitioner*.
- If you are considering taking dietary supplements, such as herbal remedies, keep in mind that they can act in the same way as drugs. Dietary supplements can cause medical problems if not used correctly, and some may interact with prescription or nonprescription medications or other dietary supplements you take. Your health care provider can advise you. If you are pregnant or nursing a child, or if you are considering giving a child a dietary supplement, it is especially important to consult your health care provider. To learn more, see the NCCAM fact sheet *Using Dietary Supplements Wisely*.
- Tell all of your health care providers about any complementary and alternative practices you use. Give them a full picture of what you do to manage your health. This will help ensure coordinated and safe care. For tips about talking with your health care providers about CAM, see NCCAM's Time to Talk campaign at [nccam.nih.gov/timetotalk/](http://nccam.nih.gov/timetotalk/).

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## **For More Information**

### **NCCAM Clearinghouse**

The NCCAM Clearinghouse provides information on CAM and NCCAM, including publications and searches of Federal databases of scientific and medical literature. The Clearinghouse does not provide medical advice, treatment recommendations, or referrals to practitioners.

Toll-free in the U.S.: 1-888-644-6226

TTY (for deaf and hard-of-hearing callers): 1-866-464-3615

Web site: [nccam.nih.gov](http://nccam.nih.gov)

E-mail: [info@nccam.nih.gov](mailto:info@nccam.nih.gov)

## **National Digestive Diseases Information Clearinghouse**

A service of the National Institute of Diabetes and Digestive and Kidney Diseases, the clearinghouse responds to inquiries, offers publications, and makes referrals. For a list of publications on irritable bowel syndrome, go to [digestive.niddk.nih.gov/ddiseases/pubs/ibs](http://digestive.niddk.nih.gov/ddiseases/pubs/ibs).

Toll-free in the U.S.: 1-800-891-5389  
Web site: [www.digestive.niddk.nih.gov](http://www.digestive.niddk.nih.gov)

## **PubMed®**

A service of the National Library of Medicine (NLM), PubMed® contains publication information and (in most cases) brief summaries of articles from scientific and medical journals. CAM on PubMed®, developed jointly by NCCAM and NLM, is a subset of the PubMed system and focuses on the topic of CAM.

Web site: [www.ncbi.nlm.nih.gov/sites/entrez](http://www.ncbi.nlm.nih.gov/sites/entrez)  
CAM on PubMed®: [nccam.nih.gov/research/camonpubmed/](http://nccam.nih.gov/research/camonpubmed/)

## **ClinicalTrials.gov**

ClinicalTrials.gov is a database of information on federally and privately supported clinical trials (research studies in people) for a wide range of diseases and conditions. It is sponsored by the National Institutes of Health and the U.S. Food and Drug Administration.

Web site: [www.clinicaltrials.gov](http://www.clinicaltrials.gov)

## **MedlinePlus**

To provide resources that help answer health questions, MedlinePlus—another NLM service—brings together authoritative information from the National Institutes of Health as well as other Government agencies and health-related organizations.

Web site: [www.medlineplus.gov](http://www.medlineplus.gov)

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